

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

936523

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3	2					
4	2					
5						
6						
7						
8						
9						
10	1					
11						
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13						
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	24	↓	↓	↓	↓	
TOTAL CLAIMS	27	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

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IND.	DEP.	IND.	DEP.	IND.
51				
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98				
99				
100				
TOTAL IND.				
TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]